

cme test questionnaire

1. The results of the DCCT demonstrate that intensive insulin management:
 - a. Decreased diabetic retinopathy
 - b. Reduced Hemoglobin A_{1c}
 - c. Reduced the evidence of complications of diabetes 50 to 60%.
 - d. All of the above
2. Normal Hemoglobin A_{1c} (which is the best indicator of glycosylated hemoglobin) is:
 - a. <5.5%
 - b. <6.0%
 - c. >7.2%
 - d. >9.4%
3. Which of the following statements is true:
 - a. Patients with NIDDM need only see their physician every five years for a Hemoglobin A_{1c}.
 - b. The DCCT results proved that tight control of diabetes reduced the complications of the disease.
 - c. It is not a priority to examine a diabetic patient's feet on every visit.
 - d. All patients with diabetes should be placed on a weight reduction diet plan.
4. Optimization of diabetic control:
 - a. Is only necessary for insulin dependent diabetes
 - b. Is evidenced by reduced Hb A_{1c} as close to 6% as possible for the individual
 - c. Enables patients to enjoy some freedom from diabetic complications
 - d. A and B
 - e. B and C
5. Recommended LDL Cholesterol levels for diabetes mellitus is less than:
 - a. 130 mg/dl
 - b. 150 mg/dl
 - c. 200 mg/dl
6. The following two new oral agents have revolutionized monotherapy for NIDDM:
 - a. Glyburide and Metformin
 - b. Metformin and Acarbose
 - c. Acarbose and Glipizide
7. The first generation sulfonylureas have largely been replaced by:
 - a. Glipizide, glyburide and glimiperide
 - b. Glucotrol, Diabeta and Precose
 - c. Glucophage, Glucotrol and Diabenese
8. Which of the following statements is incorrect:
 - a. Most patients with NIDDM should be referred to a registered dietitian for nutritional counseling.
 - b. Hemoglobin A_{1c} is only indicative of blood sugar levels for the past two weeks.
 - c. Referrals for patient self-management diabetes education should be made to an RN, CDE.
9. The recommended fasting/preprandial blood sugar parameters that necessitate action to improve glycemic control are:
 - a. <80 or > 200 mg/dl
 - b. <80 or > 140 mg/dl
 - c. <60 or >140 mg/dl
 - d. <60 or >200 mg/dl
10. Presently, the Center for Disease Control and Prevention is funding a state grant to implement minimal standards of care for all diabetic patients thereby incorporating the findings of the DCCT into practical use. Key performance measures identified in these standards are:
 - a. Weight
 - b. Lipid Profile
 - c. Hemoglobin A1C
 - d. Appropriate referral for self-management education to an RN, CDE
 - e. All of the above

For additional copies of newsletter, comments and inquiries, contact DOROTHY CAPUTO, MA, RNC, CNA, CDE, Editor and Project Coordinator at (908) 235-7430* or e-mail caputoda@umdnj.edu
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*Note: Effective June 1, 1997, our phone number will be (732) 235-7430.

diabetes

N E W S L E T T E R

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questionnaire answer sheet

1. Read the newsletter carefully.
2. The questions are designed to provide a useful link between each submission and your everyday practice. Read each question, choose the correct answer, and record your answer on this form. Retain a copy of your answers so that they can be compared with the correct answers that will be sent to you at a later date.
3. Type your full name, address, and Social Security number in the space provided.
4. Use the enclosed postage-paid envelope to return your completed test or send the completed answer sheet to:

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5. Your answers will be graded, and you will be advised that you have passed (or failed). An answer sheet containing all correct answers will be mailed to you. Review the parts of the newsletter addressing any questions you have missed and read the materials suggested in the listed references.
6. A minimum score of 70% correct must be obtained in order for credit (AMA/PRA category 1, 1.0 credit hours) to be awarded.

PLEASE CIRCLE APPROPRIATE LETTER

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|-------------------------|-------------------------|
| 1. A B C D | 6. A B C |
| 2. A B C D | 7. A B C |
| 3. A B C D | 8. A B C |
| 4. A B C D E | 9. A B C D |
| 5. A B C | 10. A B C D E |

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*Please complete questions on back panel.
**Note: Effective June 1, 1997, our phone number will be (973) 972-4267